

# Foster Family Home - Corrective Action Report

Provider ID: 1-130005

Home Name: Redentor Rous, CNA

Review ID: 1-130005-6

91-829 Kimopelekane Road

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 3/9/2018

End Date: 3/9/18

## Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 3/9/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date